

CASEFLOW REQUEST

JD-CV-116 Rev. 1-16

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

CSFLREQ



Instructions

1. Fill out all sections and file with the court.
2. File at least **3 days** before the date of the scheduled event.

Note: If the request is granted, the court will try to schedule the event for the requested date. However, if that date is not available, it will be scheduled for the next available date.

Name of case (First-named plaintiff v. First-named defendant)

WILLIAM A. LOMAS v. PARTNER WEALTH MANAGEMENT, LLC et al.

Judicial District of

STAMFORD/NORWALK

Date of request

10/19/2016

Date of scheduled event (if applicable)

Name of Judge who scheduled the event (if applicable)

Docket number

FST CV 15**- 5014808****(S)****Requested Action** ("X" box(es) that apply and give reason(s) for request below)

- ☐ Status Conference on or about: _____ Date _____
- ☐ Client/adjuster to be available by phone for _____ Event _____ scheduled on _____ Date _____
- ☐ Pretrial on or about _____ Date _____
- ☐ Party to be excused from _____ Event _____ scheduled on _____ Date _____
- ☒ Other: **Seal the Reply Memorandum [Dkt. No. 192.00] from public access on the electronic docket.**

Reason(s) for request:

Plaintiff's counsel requests that the Court seal the Reply [Dkt. No. 192.00] from public access on the e-docket because pg. 12 of the Reply and Exhibits C, D and E contain information and documents that the Defendants consider confidential or privileged. In tandem, Plaintiff is filing a conditional motion to seal the Reply. Since the public can currently access the Reply on the e-docket, Plaintiff requests that such access be restricted pending a ruling on the conditional motion to seal.

I agree to notify my client and all counsel of record and self-represented parties whether the requested action is granted or denied, and if granted, the specific ruling of the court. I have told all counsel and self-represented parties of record that I would be asking for the requested action. **All Counsel and Self-represented Parties:**

- ☒ Consent ☐ Do not consent to the action requested above

Signed (Person making request)

Name of attorney and juris number or self-represented party (Print or type)

Thomas J. Rechen

The person requesting the action is the:

- ☒ Plaintiff ☐ Defendant ☐ Attorney for Plaintiff ☐ Attorney for Defendant

Firm name (if applicable)

McCarter & English, LLP

Address

185 Asylum Street, Hartford CT 06103

Telephone number (with area code)

860-275-6700

I certify that a copy of the above was mailed or delivered on the date shown below to all counsel and self-represented parties of record. A sheet is attached listing the name and address of each party the copy was mailed or delivered to.

Signed (Individual attorney or self-represented party)

Date

10/19/2016**Order**

Request is

- ☐ Granted ☐ Denied

Signed (Judge)

Date

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/